

NASAL STEROIDS PA SUMMARY

PREFERRED	All generics (except flunisolide), fluticasone, Nasonex
NON-PREFERRED	All branded products with generics available, Flonase, Flunisolide (25 mcg/actuation and 29 mcg/actuation), Nasacort AQ, Nasarel, Omnaris, Rhinocort Aqua, Veramyst

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 6 months. If Veramyst, claims history is reviewed for 1 claim of fluticasone and 1 claim of another preferred product within the last 6 months.
- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least two preferred products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.